ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No 1, PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County. District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number If child is not yet named, make supplemental report, as directed 2. Full name of child 4. Twin, triplet on other. 6. Legitimate? 3. Sex of Child To be answered ONLY 7. Date in event of plural 5. No., in order of birth. births. MOTHER 14. Full maiden name $^{\mathcal{C}}$ Full name 15 Residence (Usual place of abode) 9. Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or race 17. Age at last birthday. (Years) 11. Age at last birthday. 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-20. Number of children of this mother ... (a) Born alive and now living_ thalmia neonatorum? (b) Born alive but now dead ... (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. m. on the date above stated I hereby certify that I attended the birth of this child, who was 10 ar * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. Month, day, year Registrar Registrar